

**SUPREME COURT OF MISSISSIPPI
APPEARANCE FORM**

Case #: 2016-KA-00431-SCT
Style of Case: Laterrence Lenoir v. State of Mississippi

The Clerk will enter my/our appearance as Counsel for : Laterrence Lenoir , MDOC #201534, South Mississippi Correctional Facility, P O Box 1419, Leakesville, MS 39451 (Please list names and addresses of all parties represented.)

who IN THIS COURT are ☐ Petitioner(s) ☐ Respondent(s) ☐ Amicus Curiae
 ☒ Appellant(s) ☐ Appellee(s) ☐ Intervenor

I certify that I am a member of The Mississippi Bar.

/s/ W. Daniel Hinchcliff _____

(Signature)

W. Daniel Hinchcliff _____

(Type or Print Name)

Indigent Appeals Division _____

Office of State Public Defender _____

(Firm or Organization)

(Signature)

(Type or Print Name)

(Firm or Organization)

Address Post Office Box 3510 _____

City & State Jackson, MS _____

Zip 39207 Phone 601-576-4290 Fax 601-576-4205

E-Mail Address dhinc@ospd.ms.gov _____

Note: When more than one attorney represents a single party or group of parties, counsel should designate a lead counsel to whom all notification is to be sent, with the understanding that if other counsel should be informed he **will perform** that function. if lead counsel has not signed above, lead counsel **must** complete his own form for appearance of counsel. The person to be notified in the case is:

Name of Lead Counsel (Type or Print) W. Daniel Hinchcliff, MS Bar #2470 _____

Inquiry of Counsel

To your knowledge and that of your co-counsel from whom you are to make inquiry:

(1) Is there any case now pending in this court, which involves the same, substantially the same, similar or related issue(s)?

Yes [] No [x]

(2) Is there any such case now pending (a) in a circuit or chancery court in this state, or (b) in an administrative agency, board, or commission which would likely be appealed to this court?

Yes [] No [x]

(3) Is there any case such as (1) or (2) in which judgment or order has been entered and the case is on its way to this court by appeal, petition to enforce, review, deny?

Yes [] No [x]

(4) Does this case qualify for calendaring priority under MRAP Rule 23? If so, cite type of case _____

If answer to (1), or (2), or (3), is yes, please give detailed information, Number and Style of Related case. _____

Name of Court or Agency _____

Status of Appeal (if any) _____

Other Status (if not appealed) _____

IF A CRIMINAL APPELLANT IS OUT ON BOND, PLEASE PROVIDE THE NAMES AND ADDRESSES OF THE SURETIES.

NOTE: Attach sheet to give further details.